



# 46<sup>TH</sup> ANNUAL INDIANA CONSORTIUM

*of*

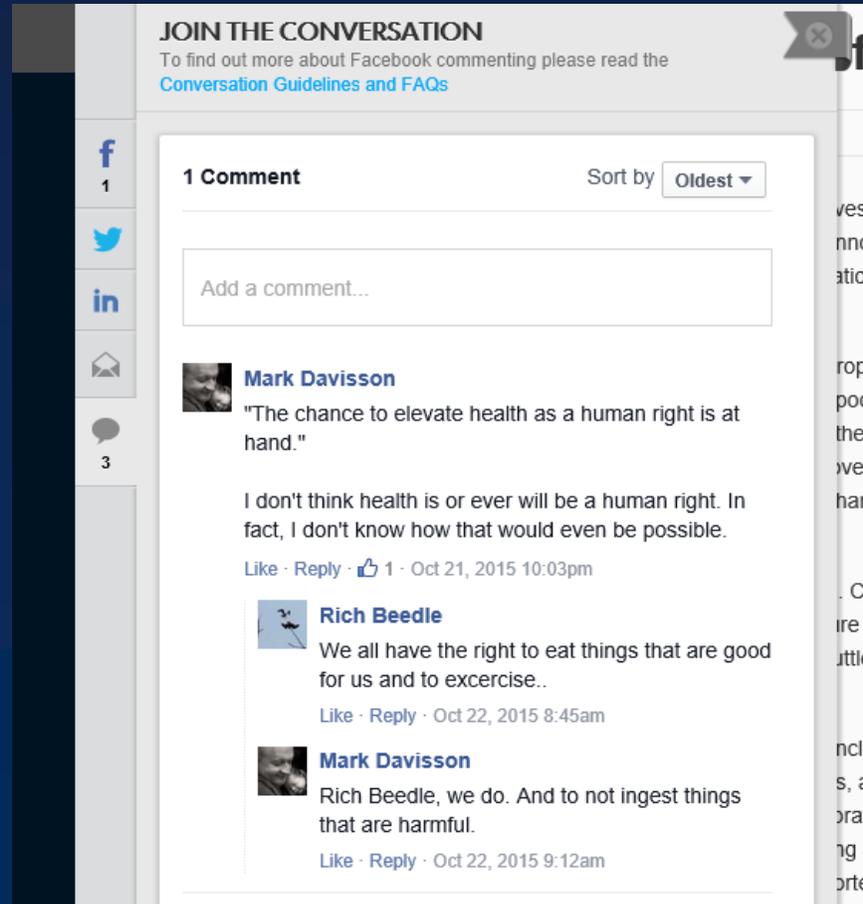
## STATE AND LOCAL HUMAN RIGHTS AGENCIES CONFERENCE

PRESENTED *by:*



# HEALTH AS A CIVIL & HUMAN RIGHTS ISSUE

# IS THERE A HUMAN RIGHT TO HEALTH?



# IS THERE A HUMAN RIGHT TO HEALTH?

1. Pre-20<sup>th</sup> century:
  - a. Cornerstone of Major Faith Traditions (care for poor and sick), often in rights language  
[www.faithinhealthcare.org](http://www.faithinhealthcare.org)
  - b. Some governments took responsibility to address economic and social needs



# IS THERE A HUMAN RIGHT TO HEALTH?

## Article 25, UDHR (1948):

Everyone has the right to:

- a standard of living adequate for the health and well-being of himself and of his family,
- including food, clothing, housing and medical care and necessary social services, and
- the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.



# IS THERE A HUMAN RIGHT TO HEALTH?

Universal Declaration of Human Rights (1945)

World Health Organization Constitution (1948)

International Covenant on Economic, Social and Cultural Rights:

- Arts. 6 and 7: right to work at remuneration that equates to fair wages and provision of decent living
- Art. 9: Social security
- Art. 11: Adequate standard of living (food, clothing, housing)
- **Art. 12: Highest attainable standard of physical and mental health**
- Art. 13: free primary education

162 nations ratified ICESCR

Plus:

**Regional Treaties:** African Charter on Human and People's Rights, European Social Charter, American Convention on Human Rights (Protocol of San Salvador)

**Most national constitutions since WW II** include economic and social rights, including right to health

U.S. ratified ICCPR: Article 6 : Every human being has the inherent **right to life**. This **right** shall be protected by law. No one shall be arbitrarily deprived of his **life**.

US: Statutory programs with due process rights, eligibility if meet criteria: healthcare and social determinants of health programs



# HEALTH INEQUITIES

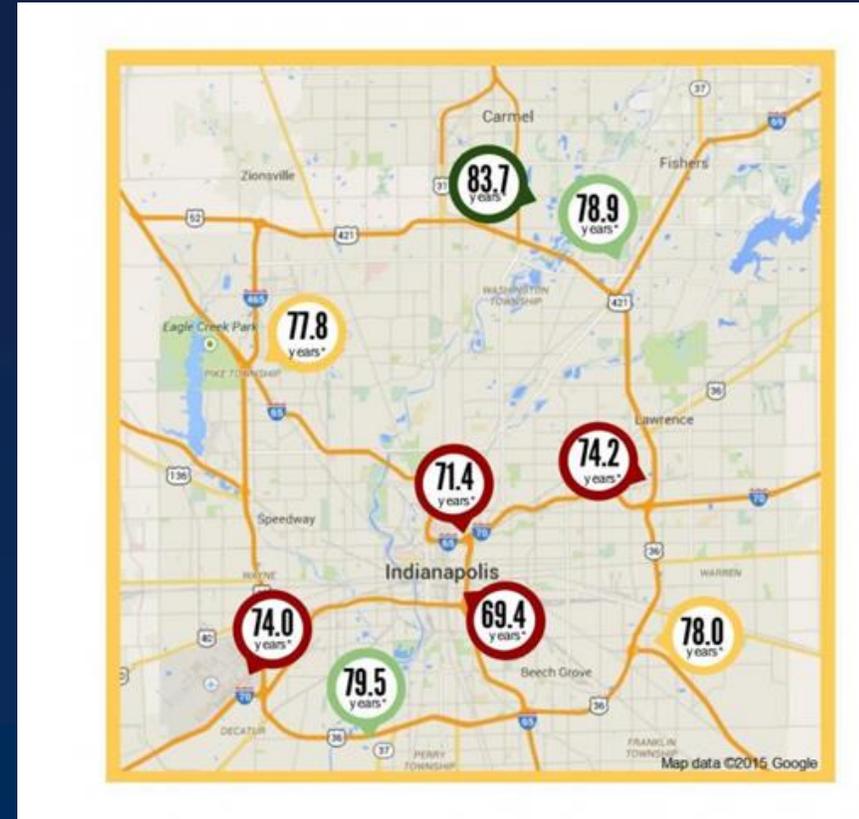
## 1. Inequities Across Nations:

- Infant mortality rate in Iceland (2 per 1000 live births) vs. Mozambique (120 per 1000 live births)
- Maternal death rate in Singapore (3 of 100,000) vs. Somalia (1,000 of 100,000)

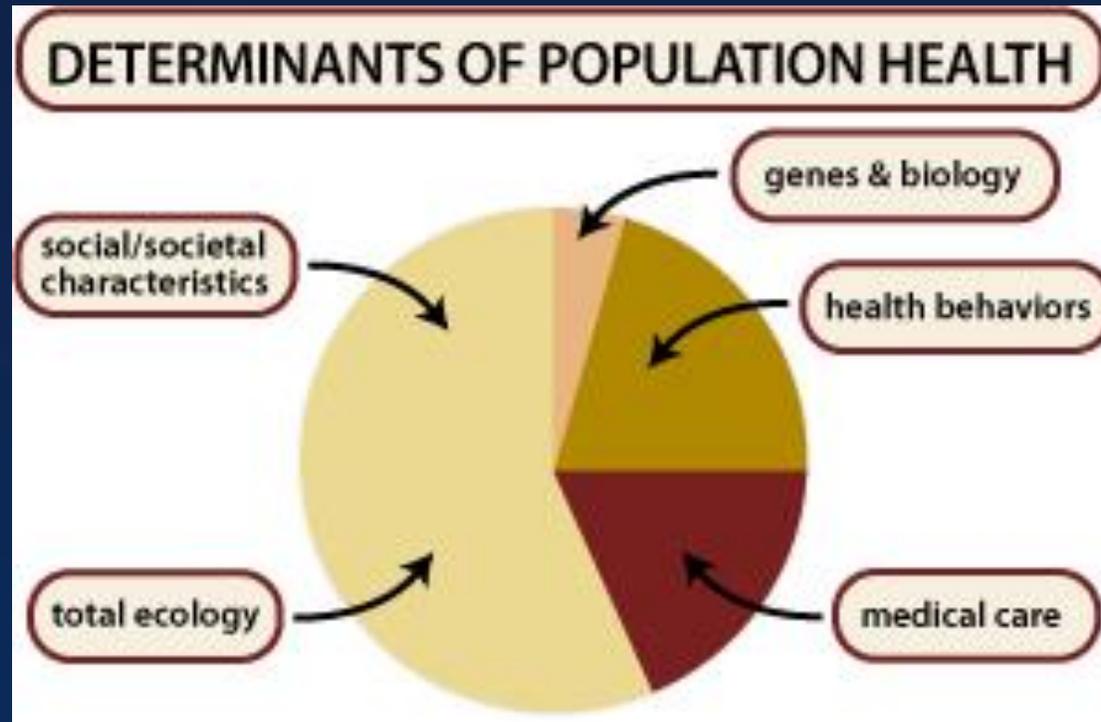
## 2. Inequities Between Genders:

- In many countries, girls 2x as likely as boys to die at young age

## 3. Inequities Within Communities, Nations



# SOCIAL DETERMINANTS OF HEALTH



Source: Center for Disease Control

# THE U.S. AND SOCIAL DETERMINANTS OF HEALTH

- One of world's wealthiest nations
- Spends far more per capita on health care than any other country

But . . .

- Americans die at younger ages; have poorer health than people in almost all other high income countries
- Why?
- Institute of Medicine (2013): Health Systems, Health Behaviors, Social and Economic Conditions, Physical Environment
- Social and economic: higher rates of poverty, inequality, less safety net programs



# ADVOCACY TO RETAIN/OBTAIN MEDICAID/HIP/OTHER BENEFITS

--First 2 years HIP: 60,000 disenrolled or not completed enrollment due to non-payment

--287K moved to HIP Basic due to non-payment

--Overall, 55% of those eligible to make premium payments didn't (many confused about requirements)

Issues:

(Also w/ SNAP, TANF): Failure to provide documents/complete processes . . . or failure of agency to retain/record

Failure to submit Power Account contributions . . . or not properly recorded

2019: Gateway to Work ("community engagement" requirements)



# ADVOCACY TO RETAIN/OBTAIN MEDICAID/HIP/OTHER BENEFITS

The screenshot shows the homepage of the Family and Social Services Administration (FSSA). The header includes the FSSA logo, the text "Family and Social Services Administration", the slogan "A State that Works", and a navigation menu with "FSSA" and a search icon. The left sidebar contains links for "FSSA Home", "Medicaid Policy Home", "About OMPP", "Employment Opportunities", "Indiana Medicaid", and "Programs & Services". The main content area displays the breadcrumb "MEDICAID POLICY HOME » ABOUT OMPP » MEDICAID ELIGIBILITY POLICY MANUAL" and the title "MEDICAID ELIGIBILITY POLICY MANUAL". The text describes the Indiana Health Coverage Program Policy Manual (IHCPPM) as an integrated eligibility manual covering Medicaid, Hoosier Healthwise, Hoosier Care Connect, and the Healthy Indiana Plan. It also mentions the Indiana Client Eligibility System (ICES) used for determining eligibility.

The screenshot shows the homepage of the Family and Social Services Administration (FSSA). The header includes the FSSA logo, the text "Family and Social Services Administration", the slogan "A State that Works", and a navigation menu with "FSSA" and a search icon. The left sidebar contains links for "FSSA Home", "DFR Home", "About DFR", "Employment Opportunities", "Programs & Services", "Medicaid / Health Plans", and "SNAP (Food Assistance)". The main content area displays the breadcrumb "DFR HOME » FORMS, DOCUMENTS & TOOLS » POLICY MANUAL" and the title "PROGRAM POLICY MANUAL". The text describes the Program Policy Manual (PPM) as an integrated eligibility manual for TANF (Cash Assistance) and SNAP (Food Assistance) programs administered by the Division of Family Resources (DFR). It also mentions that first-time users are encouraged to read through Chapter 1000 to understand the terminology and definitions.

# HOW WE CAN HELP

APPLICATION → GRANTED



DENIED/NOT FULLY GRANTED



**ADMINISTRATIVE APPEAL**



AGENCY REVIEW



**JUDICIAL REVIEW**



# HOW WE HELP: APPEALING INSURANCE CLAIM DENIALS

One in five Americans: health insurance refused to cover visit or treatment in last two years

"Insurers make money when you pay in through premiums and copays, and they lose money when they pay out":  
Chuck Idelson, California Nurses Association

"But that was the job. Deny if at all possible."—Claims Processor, *A Glimpse Into the Bureaucratic Hell of Denying Health Insurance Claims*



**Patients Often Win If They Appeal A Denied Health Claim**

# HOW WE HELP: APPEALING INSURANCE CLAIM DENIALS

--ACA: Internal review and external review process required

--Grounds: Missing paperwork, improper coding from provider, reasonable belief ER visit necessary

--"Medical necessity"

--Persisting through process, meeting deadlines, documentation, involving State Department of Insurance



**A PATIENT'S GUIDE TO  
Navigating  
the Insurance  
Appeals Process**

# HOW WE HELP “UPSTREAM” ADVOCACY



Authorised by L. Rhiannon 72 Campbell Street Surry Hills 2010

# HOW WE HELP “UPSTREAM” ADVOCACY

wfyi INDIANAPOLIS 79° A FEW CLOUDS VIEW SCHEDULES

NEWS PROGRAMS EVENTS SUPPORT SERVICES MORE SEARCH

**HEALTH**

NEWS • HEALTH / MARCH 28, 2018

## Several Groups Sign Letter Opposing HIP Work Requirement

00:00 ORIGINAL STORY FROM IPBS-RJC

JILL SHERIDAN

Article origination IPBS-RJC

A group of nonprofits organizations sent a letter to Gov. Eric Holcomb this week, urging him to reconsider a new rule for participants of the Healthy Indiana Plan.

More than 400,000 Hoosiers are currently enrolled in HIP, which is Indiana’s Medicaid expansion program. Last month [the state became the second state](#) to receive federal permission to add a work requirement.

U.S. Health and Human Services Secretary Alex Azar joins Gov. Eric Holcomb and Indiana Family and Social Services Administration Secretary Jennifer Wallhall to announce Indiana’s HIP expansion in February.

## IU McKinney Student Research Focuses on Obstacles to Dialysis for Undocumented Immigrants

02/26/2016

Two clinic students from IU McKinney School of Law released a report entitled “Dialysis Access for Undocumented Immigrants in Indiana” which shines a light on the difficult situation of a vulnerable population in Indiana. Pooja Kansal and Katherine Voskoboynik, both 3L students in the Health and Human Rights Clinic, researched the federal law and approaches that other states and communities have used to address this issue. They also conducted interviews with patients, physicians, and lawmakers and made recommendations on how Indiana can tackle this problem in a fiscally responsible way.



## IU McKinney Clinic Plays Key Role in ACLU Suit against FSSA

12/10/2015

A student in IU McKinney’s Health and Human Rights Clinic has been playing a behind-the-scenes role in a lawsuit filed on behalf of hepatitis C patients on Medicaid in Indiana. Caroline Ryker, a 2L, conducted much of the research that led to the legal action being taken.

The state’s Family and Social Services Administration has blocked Indiana’s Medicaid patients from receiving treatment that can cure hepatitis C. The drugs are costly and can cost as much as \$1,000 a day; the regimen is typically 12 weeks.